

Wilmington Health Cardiology



Referral Request

Thank you for referring your patient to Wilmington Health. Please fax all related medical records and insurance cards along with this form. We will fax a confirmation of your request to your office within one business day. Phone referrals or questions are welcome. Please call **910.371.7699** (Mon.-Fri. 8 a.m-5 p.m.).

Patient Name: _____ DOB: _____ SSN: _____ Sex: _____

Address: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____ Authorization Number: _____

Referring Physician: _____ Phone: _____ Fax: _____

Urgency of Request (please check one)

- 1-2 days*
- 1-2 weeks
- Other (please specify)

*1-2 day requests may go to first available.

Preferred Location

- Southport
- Brunswick Forest

If Brunswick Forest, specify preferred physician:

- Dr. Matt Janik
- Dr. J.L. Aldrich
- First available

Diagnosis

- CHF
- Chest Pain
- Arrhythmia
- Hypertension
- Murmur/Valvular Disease
- Peripheral Arterial Disease
- Syncope
- Other (please specify)

Services Requested

- Consult/Follow Up
- Pacer/ICD Follow Up
- Exercise Stress Test
- Nuclear Stress Test
- Echocardiogram
- 24-Hour Holter Monitor

FOR WILMINGTON HEALTH CARDIOLOGY USE ONLY

Confirmation: Your patient was contacted and appointment confirmed.

Date: _____ Time: _____: _____ am/pm Location: _____

We appreciate the referral. If we can be of additional service, or if you have questions or concerns, please call Emily Piper, RN, Clinical Manager, at **910.341.3417**.